



Men's Health Status Report '02

Vermont Department of Health
February 2003

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www.HealthyVermonters.info



Vermont Department of Health
Agency of Human Services

108 Cherry Street, P.O. Box 70
Burlington, VT 05402

February 2003

Dear Vermonter,

A major task of public health is to collect and analyze data related to health and disease—and to use those findings to bring about change to improve the health of the entire population.

I am pleased to present *Men's Health Status Report '02*. This is the third report in our series examining the health status of Vermonters. In June 2002, we published *Health Status Report '02*, which provides information about Vermont's population as a whole, followed by *Women's Health Status Report '02* in December 2002.

Over the past decade, the health of men in Vermont has improved in many ways. Specifically, heart disease and prostate cancer deaths have declined, and more older men are protecting themselves by getting pneumonia and influenza immunizations. In addition, more men are trying to quit smoking, a risk factor for many leading causes of death including heart disease and cancer.

Still, we face many challenges. Suicide rates, which declined steadily among men in the early 1990s, have leveled off and remain higher than U.S. rates. Nearly two-thirds of Vermont men are over healthy weight and one-quarter report binge drinking (five or more alcoholic beverages on a single occasion), greatly increasing their risks for injury, disease and death.

On average, men live seven years less than women and face major health risks that can be prevented and treated if they are diagnosed early. This report details many areas where we have opportunities to greatly improve public health. As you review this report, please join us in the work of public health and in improving the health of our citizens and communities.

Jan K. Carney, MD, MPH
Commissioner of Health

Healthy Vermonters 2010 Objectives:

Increase the percentage of people who have specific, ongoing primary care (a primary care provider).

Goal: 96%

VT 2001: 80% of men

Increase the percentage of people with health insurance.

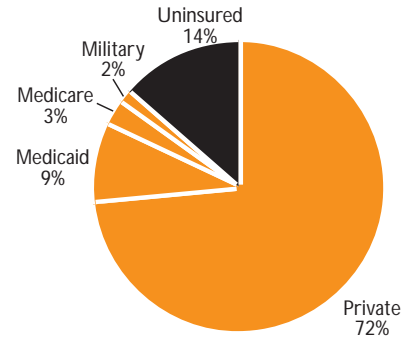
Goal: 100%

VT 2000: 88% of men age 18+

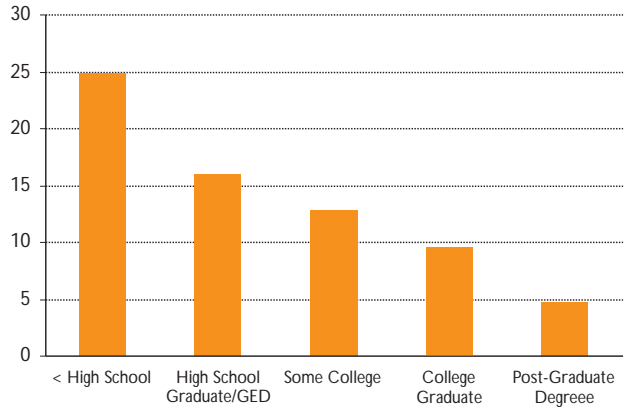
Facts:

- Primary care includes screening for disease and risk factors, counseling about health-related behaviors, treating illness, and referring for specialty care.
- In 2001, approximately 177,000 Vermont men age 18+ (80%) reported having a primary care doctor.
- Seven of 10 Americans who haven't seen a doctor in the last five years are men.¹
- Men are less likely than women to be screened regularly for high blood pressure, high cholesterol, and cancers.¹
- In Vermont, 14 percent of Vermont men age 18-64 were uninsured in 2000. This percentage varies among different population groups—African American (25%), Asian or Pacific Islander (23%), Caucasian (13%), American Indian or Alaska Native (23%), and Hispanic (20%).

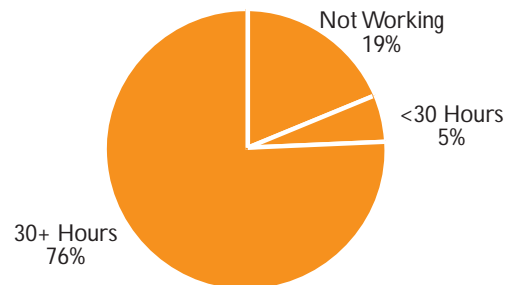
Source of Health Insurance
Percentage of men age 18-64 (2000)



Uninsured by Education
Percentage of Vermont men age 18-64 with no health insurance (2000)



Uninsured by Employment Status
Percentage of Vermont men age 18-64 with no health insurance (2000)



Alcohol & Drug Use

Healthy Vermonters 2010 Objectives:

Increase the percentage of adults counseled by a primary care professional about alcohol and drug use.
National goal to be set.

VT 1996: 17% of men counseled about alcohol
12% of men counseled about drug use

Reduce alcohol-related motor vehicle deaths.

Goal: 4.0 per 100,000 population

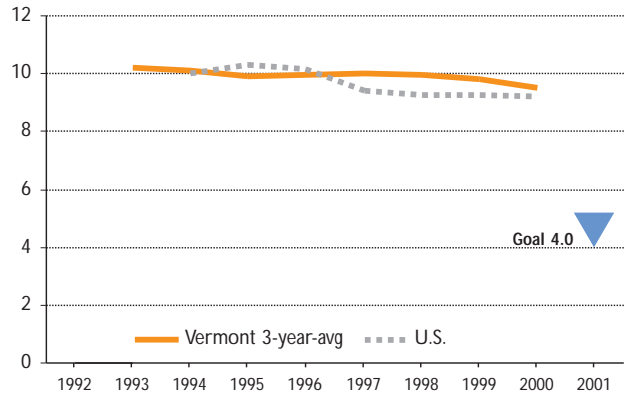
VT 2001: 9.7 per 100,000 men

Facts:

- Each year in Vermont, approximately 87 men and 20 women die from alcohol-related causes.
- Heavy use of alcohol has negative consequences for virtually every part of the body.²
- Excessive drinking contributes to many causes of death and disease including cirrhosis, cancers of the liver and mouth, high blood pressure, suicide, stroke, falls, drownings and motor vehicle crashes.²
- In Vermont, approximately 30 men die from chronic liver disease including cirrhosis (permanent injury or scarring of the liver) each year; a majority of these are alcohol-related.
- Deaths from chronic liver disease are about four times more prevalent among American Indians and Alaskan Natives than among the general U.S. population.³
- Each year in Vermont, about 29 men die in alcohol-related car crashes.

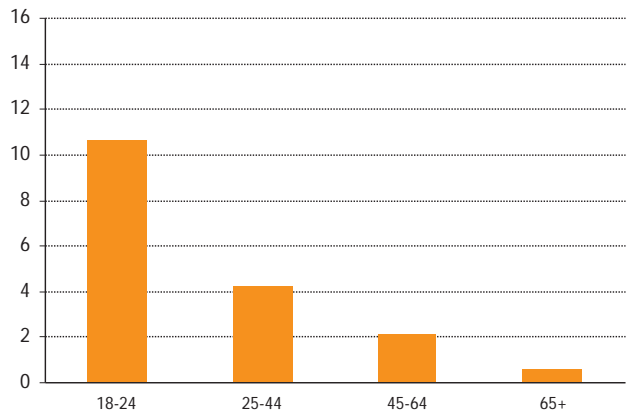
Alcohol-related Motor Vehicle Deaths

Per 100,000 males



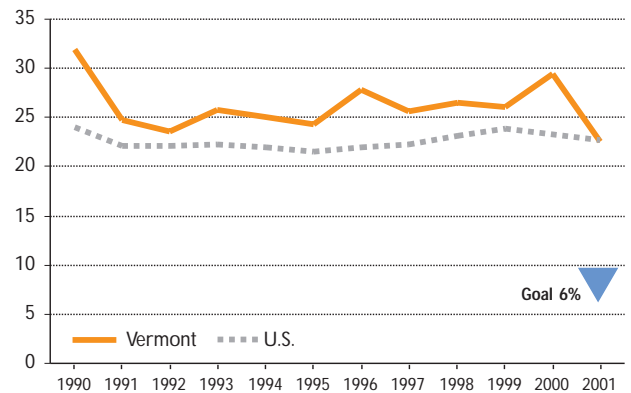
Drinking & Driving by Age Group

Percentage of Vermont men who report that they drink and drive (1997-2001)



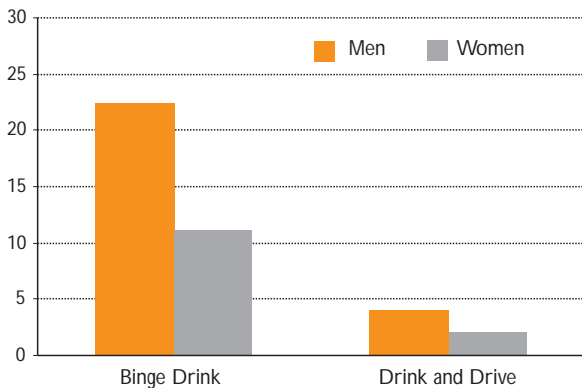
Binge Drinking

Percentage of men age 18+ who report binge drinking



Problem Drinking by Gender

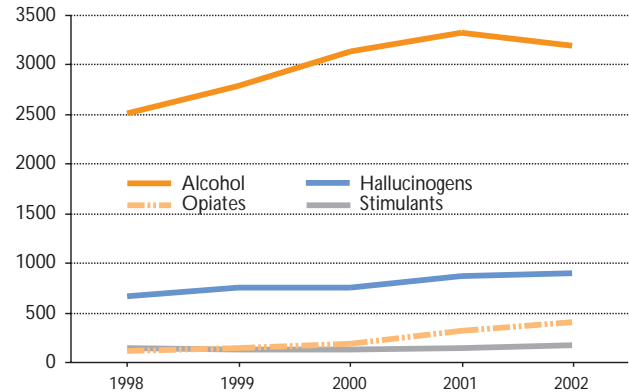
Percentage of Vermont adults age 18+ who binge drink or drink and drive (2001)



- In 2001, 4 percent of Vermont men age 18+ reported that they drink and drive.
- Alcohol-impaired drivers are typically male, and between 18 and 34 years of age.⁴
- Binge drinking (having five or more drinks on a single occasion) is a national problem, especially among males and young adults.²
- In 2001, 23 percent of Vermont men age 18+ reported binge drinking compared to 9 percent of women.
- Rates of binge drinking vary little based on income and education.
- In addition to negative health consequences for the individual, binge drinking contributes to motor vehicle injuries, vandalism, noise and violence.
- Alcohol is the primary substance of abuse for most Vermont men admitted for substance abuse treatment.

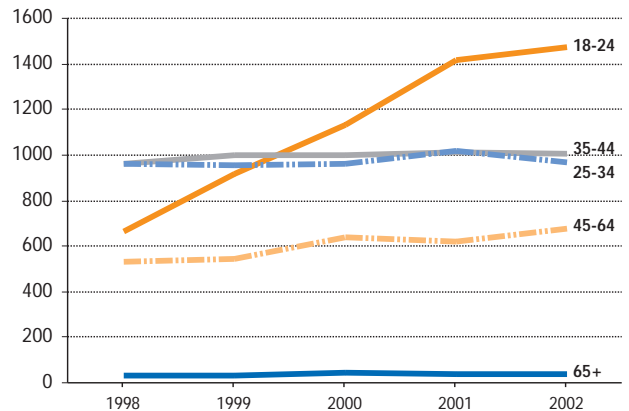
Primary Substance of Abuse

Number of Vermont males accessing treatment



Substance Abuse Treatment by Age Group

Number of Vermont men accessing treatment



- According to the National Household Survey on Drug Abuse, approximately 11 percent of Vermont men age 18 and older reported past month use of illicit drugs.⁶
- Use of illegal drugs such as heroin, marijuana and cocaine is associated with many serious consequences including injury, illness (e.g., HIV, Hepatitis C), disability and death as well as crime, domestic violence, and lost work productivity.⁷

Cancer

Healthy Vermonters 2010 Objectives:

Increase the percentage of adults age 50+ who have had a fecal occult blood test (FOBT) in preceding two years and who have ever had a sigmoid/colonoscopy.

- Goal: 50%
- VT 2001: 43% of men (FOBT)
- VT 2001: 53% of men (sigmoid/colonoscopy)

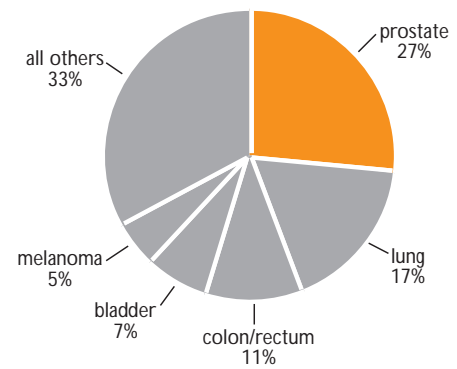
Increase the percentage of people who use at least one protective measure to decrease their risk of skin cancer.

- Goal: 75%
- VT 2001: 71% of men

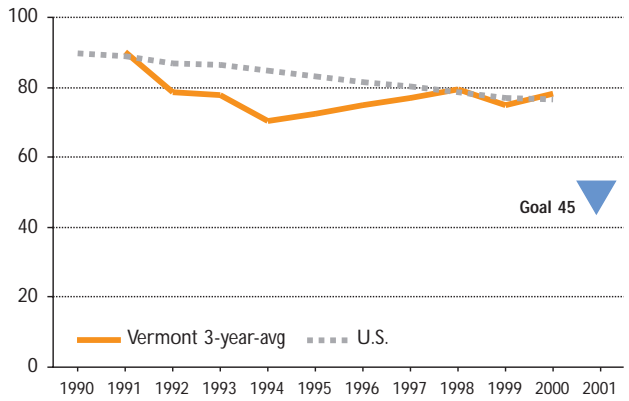
Facts:

- In Vermont, an average of 1,420 new cases of cancer are diagnosed among men each year and approximately 630 men die from cancer.
- More men die from lung cancer than any other type of cancer. Among men in Vermont, an average of 242 new cases of lung cancer are diagnosed and 195 men die each year from lung cancer.
- Deaths from lung cancer today reflect people's smoking habits of decades ago. The single most effective way to prevent lung cancer is to not smoke.
- Melanoma is the most serious form of skin cancer, and the most rapidly increasing cause of cancer in the U.S. Among whites, the population at highest risk, death rates are twice as high for men as for women.²
- In Vermont, 37 percent of men routinely use sunblock with a sun protection factor (SPF) greater than 15 compared to 59 percent of women.

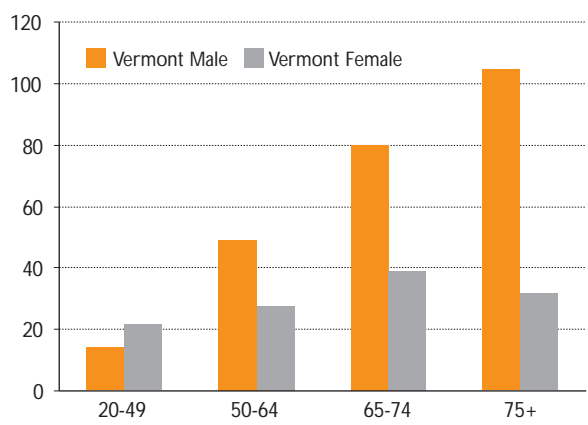
Cancer Among Males
Percentage of new cases diagnosed among Vermont males (1995-1999)



Lung Cancer Deaths
Per 100,000 males

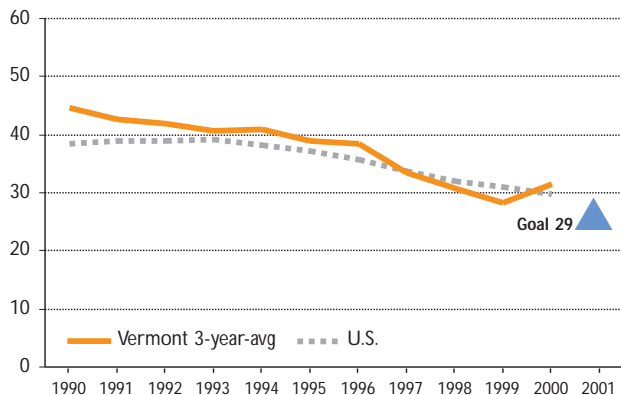


Melanoma Incidence by Age at Diagnosis
Per 100,000 Vermont males/females, 1995-1999



Prostate Cancer Deaths

Deaths per 100,000 men



- Prostate cancer is the most commonly diagnosed cancer and the second leading cause of cancer death among men. Each year in Vermont, approximately 380 new cases are diagnosed and 60 men die from prostate cancer.

- In the U.S., prostate cancer is found mainly in men over age 55.⁸

- Black Americans have the highest prostate cancer incidence rates in the world. Nationally, mortality rates are more than double among black men vs. white men.⁹

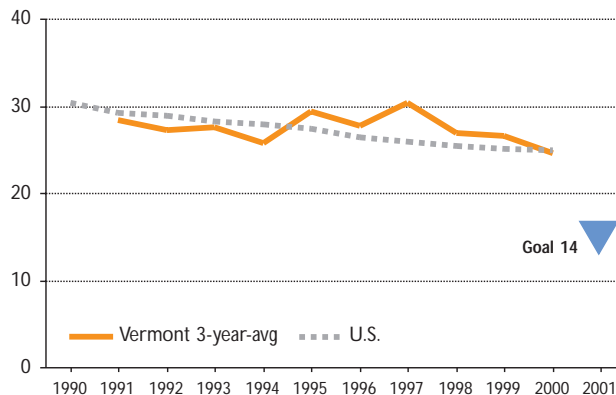
- Prostate cancer experts have not reached consensus on prevention, early detection and treatment methods. The benefits of various screening methods such as the prostate-specific antigen (PSA) test and the digital rectal examination are still being studied.⁹

- It is recommended that men talk with their physician about prostate cancer and a schedule for checkups.

- Colorectal cancer is the third most commonly diagnosed cancer among men. An average of 160 new cases are diagnosed and approximately 62 men die from col-

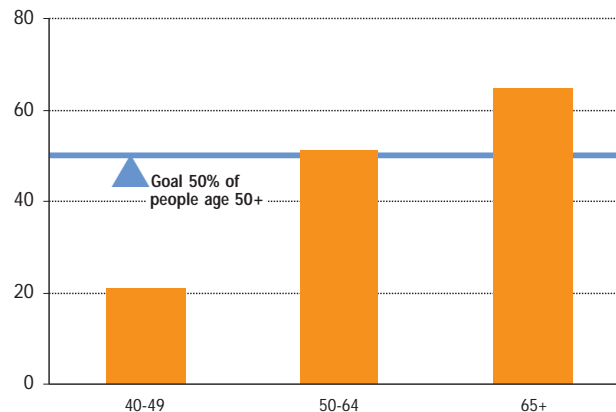
Colorectal Cancer Deaths

Per 100,000 males



Colorectal Cancer Screening by Age Group

Percentage of Vermont men (1996, 1997, 1999)



orectal cancer each year in Vermont.

- About 75 percent of cases occur in people with no known risk factors for the colorectal cancer. The remaining cases occur in people who have a family history of the disease, previous adenomatous polyps, or conditions such as inflammatory bowel disease.¹⁰

- Individuals can lower their risk of colorectal cancer by getting regular screening tests, being more physically active and eating more vegetables.¹⁰

Diabetes

Healthy Vermonters 2010 Objectives:

Reduce diabetes-related deaths.

Goal: 45 per 100,000

VT 2001: 103.8 per 100,000 men

Reduce hospitalizations related to uncontrolled diabetes among adults age 18-64.

Goal: 5.4 per 10,000

VT 1997-00: 4.5 per 10,000 men

Increase the percentage of people with diabetes who receive formal diabetes education.

Goal: 60%

VT 2001: 56% of men with diabetes

Increase the percentage of adults with diabetes who have an annual dilated eye exam.

Goal: 75%

VT 2001: 79% of men with diabetes

Facts:

- Approximately 260 Vermont men die from diabetes-related causes each year.

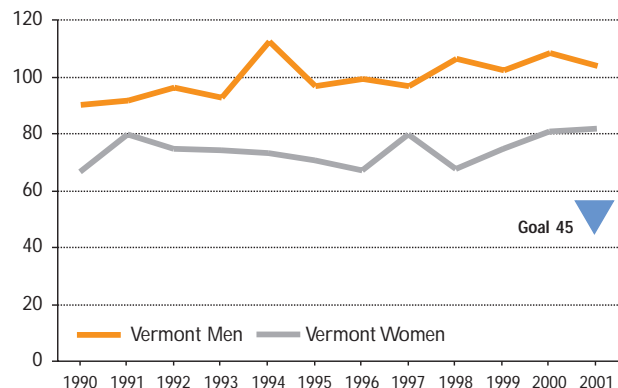
- Diabetes is a major contributor to health problems such as heart disease, stroke, blindness, kidney disease, stroke, impotence, and non-traumatic leg and foot amputations.^{11,12}

- Over the past 30 years, deaths from heart disease in men with diabetes have decreased by 13 percent while heart disease deaths among men without diabetes have decreased 36 percent.^{11,12}

- Diabetes-related amputation rates are nearly three times higher in men than women.¹¹

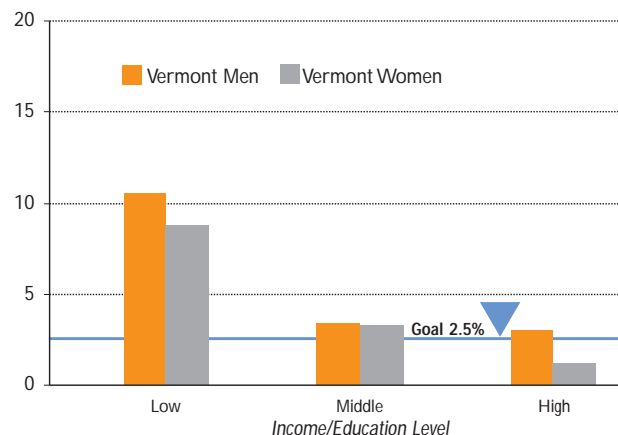
Diabetes-related Deaths

Deaths per 100,000 Vermont adults



Diabetes by Gender and Income/Education

Percentage of Vermont adults age 18-64 who report being told by a physician that they have diabetes (1996-2000)



Risk Factors for Diabetes

- Age over 45
- Being obese
- Inadequate physical activity
- Being African American, Hispanic/Latino, Asian American, Pacific Islander or American Indian
- Having a close relative with diabetes (mother, father, sister or brother)

Heart Disease & Stroke

Healthy Vermonters 2010 Objectives:

Reduce coronary heart disease deaths.

Goal: 166 per 100,000 population

VT 2001: 236 per 100,000 men

Reduce stroke deaths.

Goal: 48 per 100,000 population

VT 2001: 50 per 100,000 men

Reduce the percentage of adults with high blood pressure.

Goal: 16%

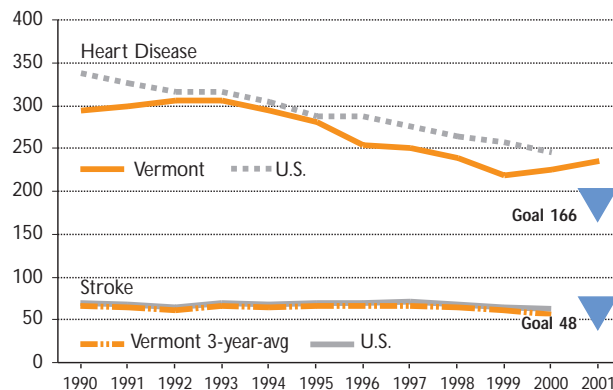
VT 2001: 21% of men

Facts:

- Heart disease is the leading cause of death among men of all racial and ethnic groups. Over 70 percent of heart disease deaths that occur before age 65 are among men.¹³
- In Vermont, an average of 537 men die each year from heart disease and 121 die from stroke. Stroke is the third leading cause of death, after heart disease and cancer.
- Among men who have a recognized heart attack, 25 percent die within a year.¹⁴
- Clinical preventive services shown to reduce risk include counseling to stop smoking, periodic blood pressure and cholesterol screening, and controlling high blood pressure and high blood cholesterol.
- Risk factors for heart disease and stroke include high blood pressure and cholesterol, tobacco use, physical inactivity, poor nutrition, overweight, and diabetes.¹⁵

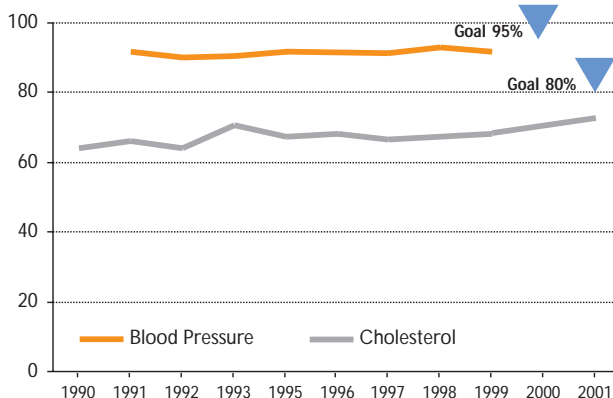
Heart Disease & Stroke Deaths

Per 100,000 males



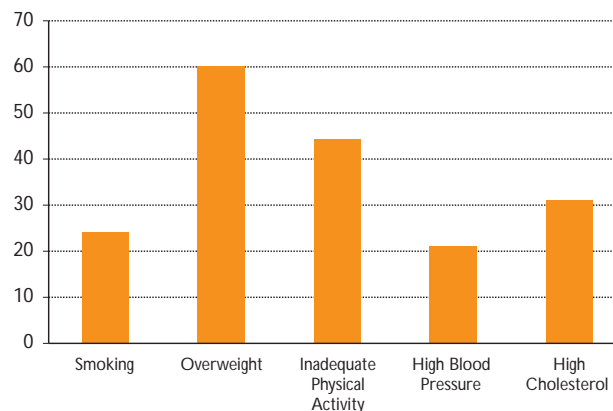
Blood Pressure & Cholesterol Checks

Percentage of Vermont men who had blood pressure check within 2 years and cholesterol check within 5 years



Prevalence of Risk Factors

Percentage of Vermont men who report risk factors for heart disease and stroke (2001)



Healthy Vermonters 2010 Objectives:

Reduce HIV infection among adolescents and adults.
National goal to be set.

Increase the percentage of sexually active adults age 18-49 at risk for HIV/STDs who use condoms.

Goal: 75%

VT 2000-01: 67% of men

Reduce the percentage of people age 15-24 with *Chlamydia trachomatis* infections (attending family planning clinics).

Goal: 3%

Vermont gender-specific data not currently available.

Facts:

- As of December 31, 2002, at least 131 Vermont men were living with HIV and an additional 192 men were living with AIDS.

- Nationally, an estimated 50 percent of new HIV infections occur among black men, 20 percent among hispanic men and 30 percent among white men.¹⁶

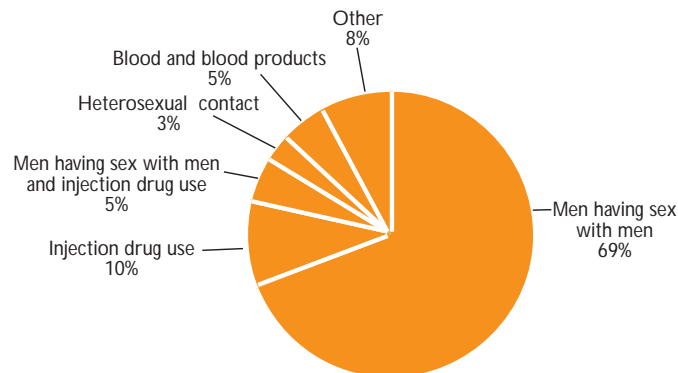
- Chlamydia is the most common sexually transmitted disease. A new, simple urine screening test has led to increased screening and detection among men.

- Untreated chlamydia in men typically causes urethral infection and related symptoms.¹⁷

- Abstaining from sexual intercourse is the only sure way to prevent sexually transmitted diseases. For those who are sexually active, proper use of latex condoms is the most effective prevention.

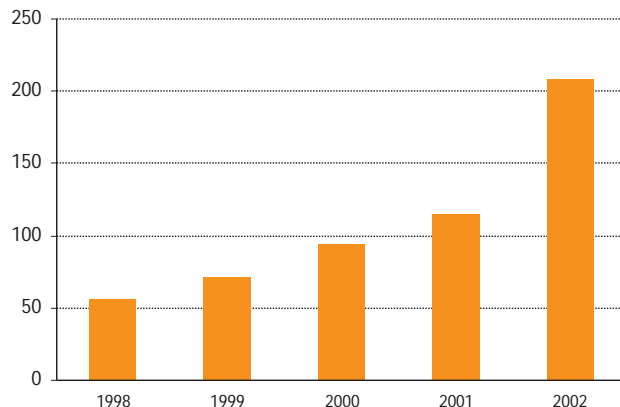
HIV by Mode of Exposure

Percentage of Vermont males living with HIV



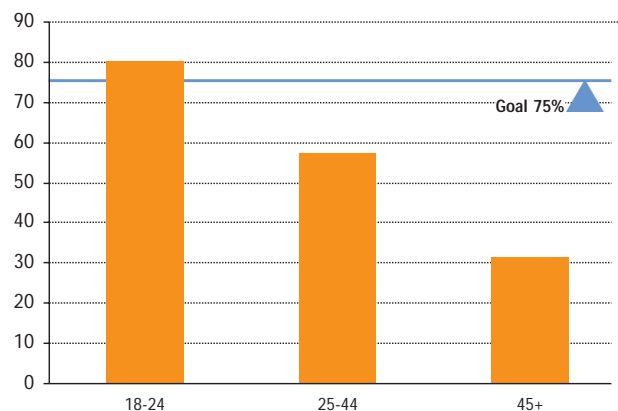
Chlamydia Infection

Number of reported cases among Vermont men



Condom Use by Age

Percentage of Vermont men at high risk for HIV and STDs who used a condom at last intercourse (2000-2001)



Healthy Vermonters 2010 Objectives:

Increase the percentage of adults age 65+ who receive annual influenza immunizations and who have ever been vaccinated against pneumococcal disease.

Goal: 90%

VT 2001: 76% of men (influenza)

72% of men (pneumococcal disease)

Reduce pneumonia/influenza hospitalizations among adults age 65+.

Goal: 8.0 per 10,000

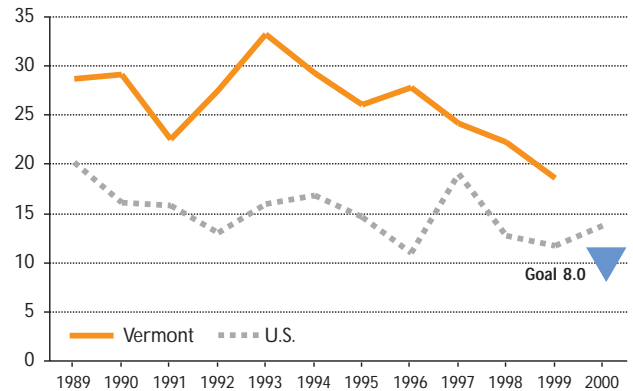
VT 1999: 18.6 per 10,000 men

Facts:

- Most people who get influenza (flu) recover in one to two weeks. However, some people develop life-threatening complications such as pneumonia as a result of flu.
- Each year in Vermont, approximately 45 men age 65+ die because of influenza and pneumonia.
- The risk of death from influenza and pneumonia increases with age. In 2000, the death rate for Vermont men age 65 to 74 was 16 per 100,000. For those age 75 to 84, the rate was 141 per 100,000.
- Immunization can greatly reduce the number of people hospitalized for influenza and pneumonia. Still, vaccines are underutilized.
- An annual flu shot and a one-time pneumonia shot is recommended for all adults age 65+.

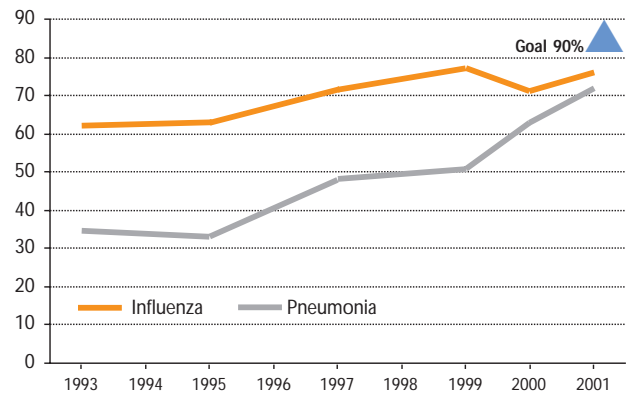
Hospitalizations for Pneumonia and Influenza

Per 10,000 Vermont men age 65+



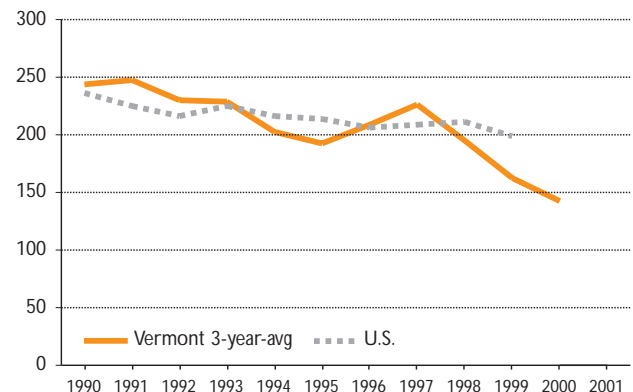
Pneumonia and Influenza Immunization

Percentage of Vermont men age 65+ who report receiving vaccine as recommended



Pneumonia/Influenza Deaths

Per 100,000 men age 65+



Injury & Violence

Healthy Vermonters 2010 Objectives:

Increase the percentage of people who use safety belts.

Goal: 92%

VT 1997: 66% of men age 18+

Further reduce physical assaults by intimate partners among people age 12+.

Goal: 3.3 per 1,000

Vermont data not currently available.

Reduce work-related injuries.

Goal: 4.6 per 100 workers

VT 2002: 7.6 per 100 male workers (*prelim. estimate*)

Facts:

- In Vermont, an average of 133 men die each year from unintentional injuries.
- Alcohol use is a factor in many injuries and deaths.² Each year in Vermont, approximately 87 men die from alcohol-related injuries.
- Motor vehicle crashes are the leading cause of death for men under age 34.
- Approximately 70 percent of people killed in crashes in Vermont are unrestrained. Men report using seat belts less often than women (66% vs. 81%).
- Young men have the highest rates of work-related injuries. Agriculture, retail trade and construction have the greatest number of work-related deaths.¹⁸
- Falls are the leading cause of injury hospitalizations. Men are more likely than women to die as a result of a fall.¹⁹

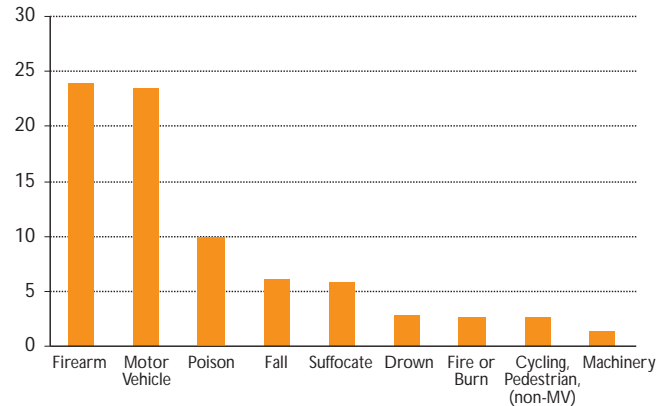
Leading Injury Hospitalizations

Per 10,000 Vermont men age 18+ (1993-2000)



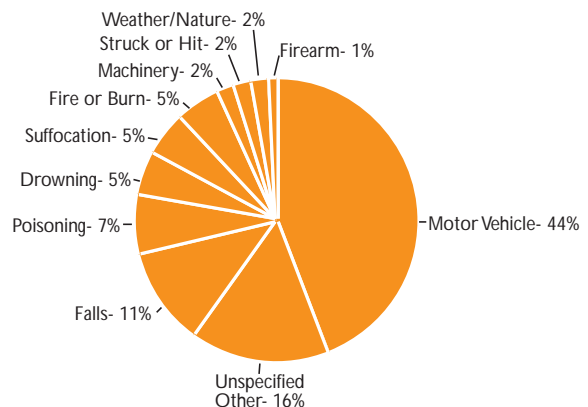
Leading Injury Deaths

Per 100,000 Vermont men age 18+ (1990-2000)



Unintentional Injury Deaths

Percentage of Vermont men age 18+ (1990-2000)



Healthy Vermonters 2010 Objectives:

Reduce suicide deaths.

Goal: 5.0 per 100,000

VT 2001: 20 per 100,000

Increase the percentage of adults who are screened for depression by a primary care professional.

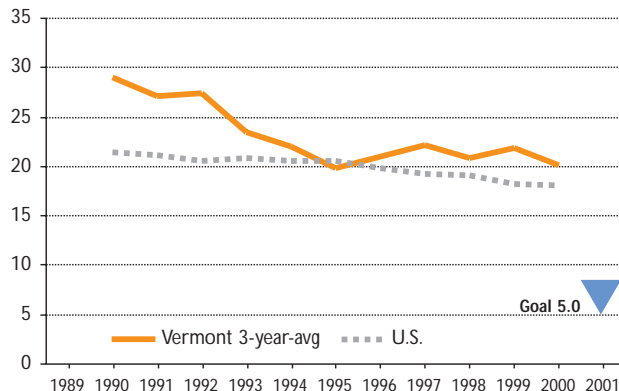
Goal to be set.

Facts:

- Suicide is the ninth leading cause of death in Vermont; approximately 60 men age 18 and older die as the result of suicide each year.
- Men attempt suicide less often than women. However, men are nearly five times more likely to die in a suicide attempt.²
- Men are more likely than women to use lethal means, such as guns, in a suicide attempt thereby increasing their likelihood of completing suicide.
- The highest rate of death is among men age 75+; however, the greatest number of deaths is among men age 25 to 54. This age group is the least likely to have sought mental health treatment prior to death.
- Depression is the most common mental health disorder and a leading cause of suicide, yet less than one-quarter of adults diagnosed with depression receive treatment.²⁰
- Men's depression is often masked by alcohol or drug use, or by working excessively long hours. Men are less likely to admit to depression, and doctors are less likely to suspect it.²¹

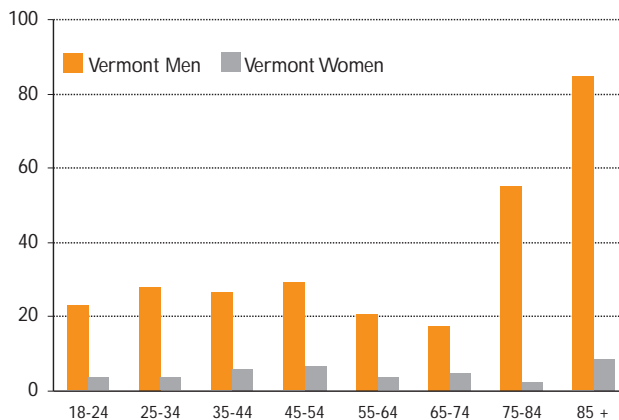
Suicide Deaths

Per 100,000 males



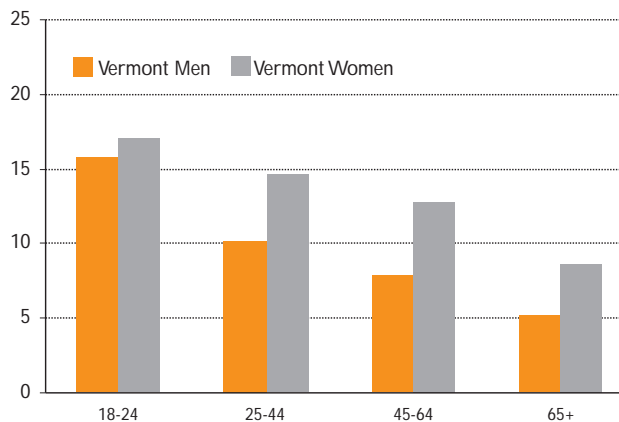
Suicide by Age Group

Per 100,000 Vermonters (1996-2000)



Depression by Age and Gender

Percentage of Vermont adults at risk (1996-2000)



Healthy Vermonters 2010 Objectives:

Reduce the percentage of adults age 20+ who are obese.

Goal: 15%

VT 2001: 19% of men

Increase the percentage of adults age 18+ who engage in regular, recommended physical activity.

Goal: 50%

VT 2001: 56% of men

Increase the percentage of people who eat at least two daily servings of fruit and the percentage of people who eat three daily servings of vegetables.

Goal: 75% (two fruits) 50% (three vegetables)

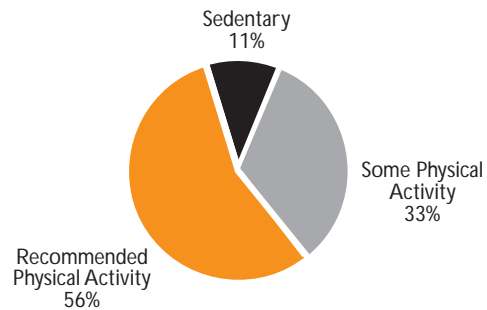
VT 2000: 41% of men 35% of men

Facts:

- For people of all ages, routine physical activity and healthy eating improves health.
- Adults should engage in at least 30 minutes of exercise five or more days a week, or vigorous exercise (that makes them sweat and breathe hard) for 20 minutes on three or more days a week.
- The loss of strength and stamina attributed to aging is in part caused by reduced physical activity. By age 75, about one in three men get no exercise.⁵
- In addition to aerobic activity, older adults can benefit from muscle-strengthening activities. Stronger muscles help reduce the risk of falling, which can lead to disability, and improves the ability to perform the routine tasks of daily life.⁵

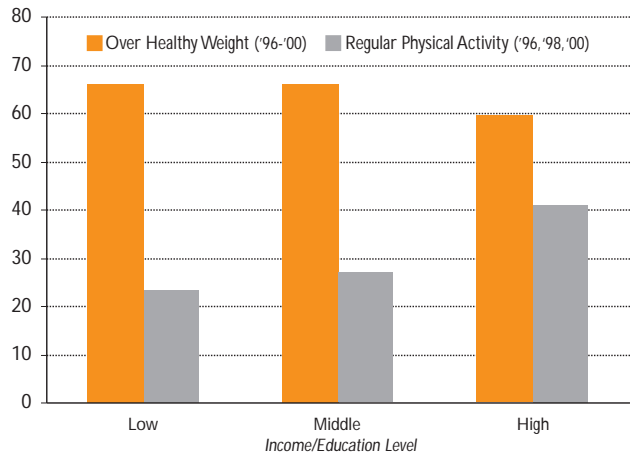
Physical Activity

Percentage of Vermont men (2001)



Weight & Physical Activity by Income/Education

Percentage of Vermont men

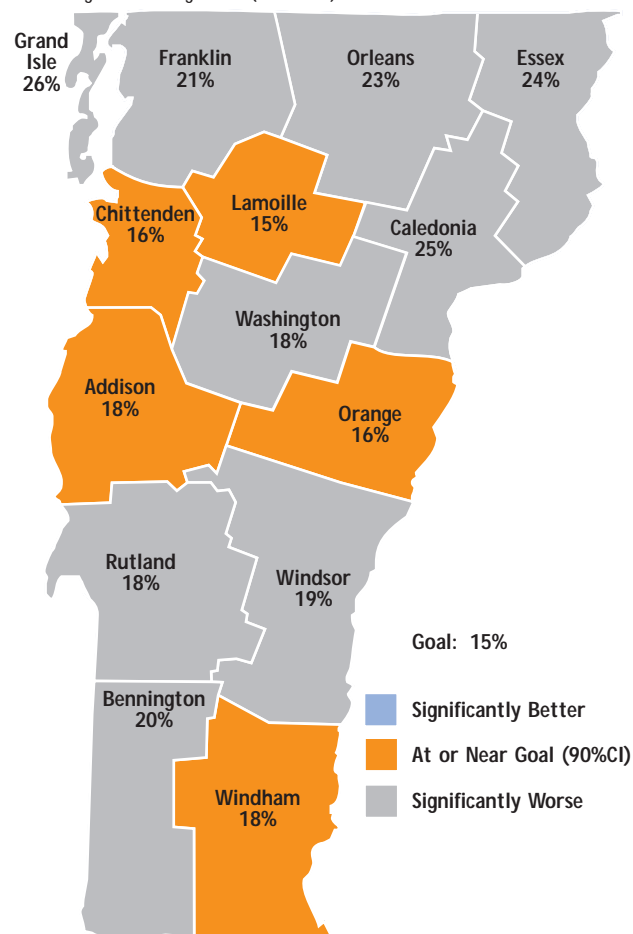


Benefits of physical activity:

- Reduces the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer, and diabetes
- Helps reduce blood pressure in some people with hypertension
- Helps maintain healthy bones, muscles, and joints and relieves joint pain
- Reduces symptoms of anxiety and depression
- Helps control weight, develop lean muscle, and reduce body fat

Obesity

Percentage of men age 20+ (BMI 30+)



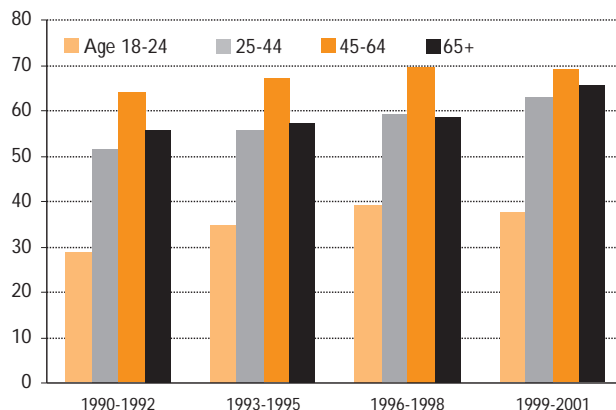
- The Dietary Guidelines for Americans recommend a diet that is high in vegetables, fruit, legumes, whole grains, fish and poultry, and low in red meat, processed meat, high-fat dairy products, and refined grains.

- In 2000, 22 percent of Vermont men reported eating the recommended two or more servings of fruits and three or more servings of vegetables each day.

- Maintaining a healthy weight requires a balance between diet (calories eaten) and physical activity (calories used).

Over Healthy Weight by Age Group

Percentage of Vermont men



Overweight and Obesity

- Being overweight substantially increases risks for many chronic diseases including high blood pressure, type 2 diabetes, osteoarthritis, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and breathing problems, and certain cancers including prostate and colorectal cancer.²⁰

- In Vermont, 61 percent of adult men are over healthy weight (BMI 25+), compared to 44 percent of women. *Body Mass Index (BMI) equals 703 times weight (lbs.) divided by height (inches) squared (703 x wt/ht²).*

- The percentage of obese adults in Vermont has increased 71 percent since 1990. Obesity is most prevalent among men age 45 to 64.

- For people who are over healthy weight, losing about 10 percent of body weight can improve obesity-related medical conditions such as diabetes and hypertension.²²

Respiratory Disease

Healthy Vermonters 2010 Objectives:

Reduce COPD deaths among adults age 45+.

Goal: 60 per 100,000

VT 2001: 183 per 100,000 men

Increase the percentage of people with asthma who receive education about recognizing early signs and symptoms and how to respond.

National goal to be set.

VT 2001: 42% of men with asthma

Increase the percentage of people with asthma who receive written management plans.

National goal to be set.

VT 2001: 28% of men with asthma

Facts:

- In Vermont, COPD (chronic obstructive pulmonary disease, also referred to as chronic lower respiratory diseases including emphysema and chronic bronchitis) is the third leading cause of death among men.

- Each year, approximately 139 Vermont men die from COPD.

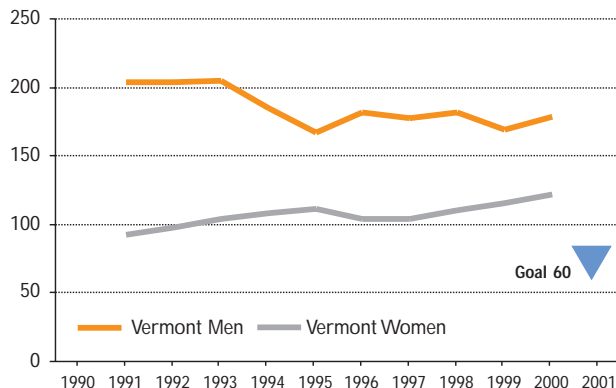
- Up to 90 percent of COPD is attributable to cigarette smoking.

- Other risk factors associated with COPD include occupational and environmental exposure to air pollutants, history of childhood respiratory infections, age and heredity.²

- Asthma is a serious chronic respiratory disease that affects both children and adults. In Vermont, approximately 6 percent of men have asthma.

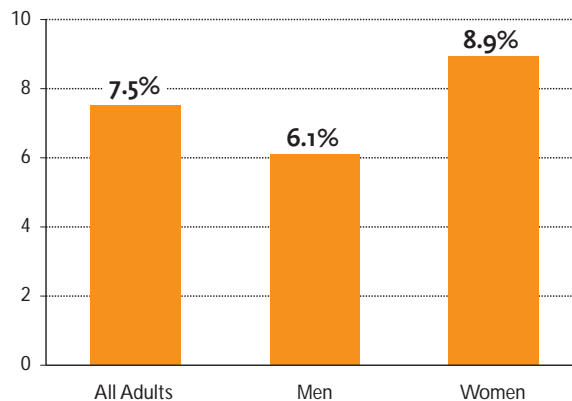
COPD Deaths by Gender

Deaths per 100,000 people in Vermont age 45+ (3-year-average)



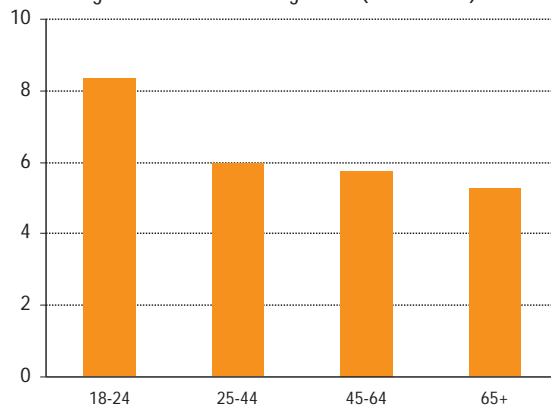
Adult Asthma by Gender

Percentage of Vermont adults age 18+ (1999-2000)



Asthma by Age Group

Percentage of Vermont men age 18+ (1999-2000)



Healthy Vermonters 2010 Objectives:

Reduce the percentage of adults who smoke.

Goal: 12%

VT 2001: 23% of men

Increase the percent of adults who attempt to quit.

Goal: 75%

VT 2001: 45% of men

Increase the percentage of adult smokers counseled by a primary care professional about tobacco use.

National goal to be set.

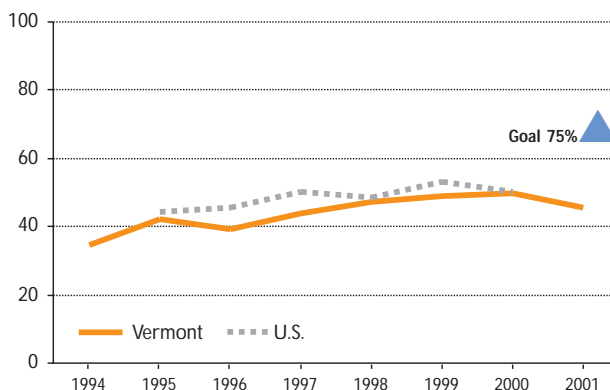
VT 2001: 71% of male smokers counseled to quit

Facts:

- Each year in Vermont, approximately 512 men die from smoking-related causes.
- Smoking leads to or complicates heart disease, cancer, COPD, stroke, pneumonia, asthma and emphysema.
- Smoking is responsible for 87 percent of lung cancers. Black men are at least twice as likely to develop lung cancer as white men.²³
- Nationally, smoking declined among all adults from the mid-1960s through the 1980s. Smoking among adults appears to have leveled off in the past decade.²
- In Vermont, smoking is most prevalent among men age 18 to 24 (36%).
- Quitting smoking has major, immediate health benefits. People who quit smoking before age 50 have half the risk of dying in the next 15 years compared to people who continue to smoke.²⁴

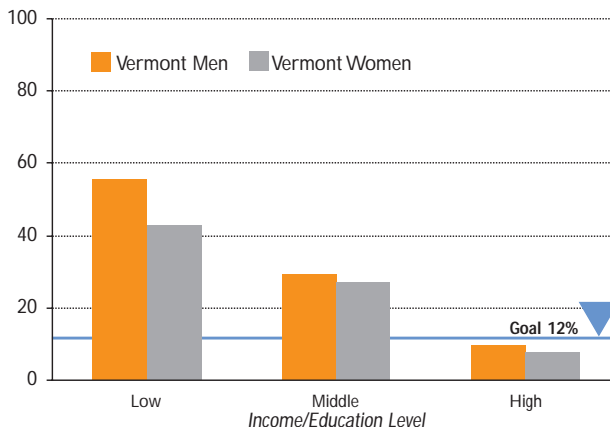
Quit Smoking

Percentage of male smokers age 18+ who quit or tried to quit



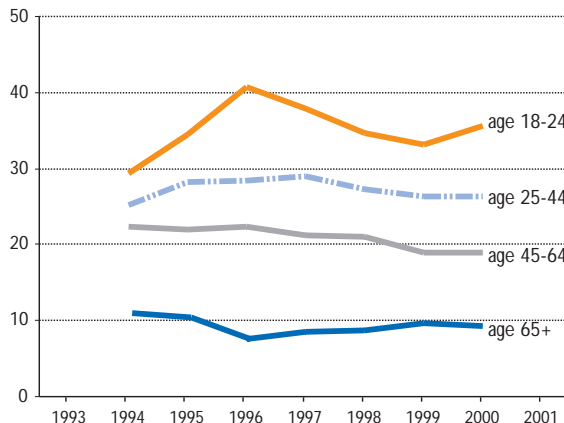
Smoking by Gender and Income/Education

Percentage of Vermont adults age 25-64 (1996-2000)



Smoking by Age Group

Percentage of Vermont men who smoke (3-year avg)



References

- ¹Agency for Healthcare Research and Quality. *AHRQ Focus on Research: Issues on Men's Health Care*. AHRQ Publication No. 02-M019, March 2002.
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- ⁴Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. *Impaired Driving*. www.cdc.gov
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- ⁷Vermont Department of Health. *Preventing Alcohol & Drug Abuse in Vermont* Dec 2000.
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- ¹¹Diabetes Prevention Program. *Diabetes and Men*. www.preventdiabetes.com
- ¹²American Diabetes Association. *Men and Diabetes*. www.diabetes.org
- ¹³Barnett E, et al. *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality First Edition*. Office for Social Environment and Health Research, West Virginia University, Morgantown WV: June 2001.
- ¹⁴American Heart Association. *Men and Cardiovascular Disease*. www.americanheart.org
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- ¹⁶Centers for Disease Control and Prevention. *A Glance at the HIV Epidemic*. www.cdc.gov
- ¹⁷Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention Division of Sexually Transmitted Diseases. *Chlamydia in the United States*. April 2001
- ¹⁸Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. *Injury Fact Book 2001-2002*. Atlanta, GA 2001.
- ¹⁹Vermont Department of Health. *VT Injury Prevention Plan*. 2001
- ²⁰Vermont Department of Health. *Health Status Report '02*. June 2002.

²¹National Institutes of Health. National Institute of Mental Health. *Depression*. 2000.

²²American Obesity Association. www.obesity.org

²³Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. *Tobacco Information and Prevention Source*. www.cdc.gov.

²⁴U.S. Department of Health and Human Services. *The Health Benefits of Smoking Cessation: A Report of the Surgeon General*. 1990.

Vermont Data Sources

Vermont Assn. of Hospitals and Health Care Systems (*VT Explor*)
 Vermont Department of Banking, Insurance and Health Care Administration (*Vermont Family Health Insurance Survey*)
 Vermont Department of Health (*Adult Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, Vital Statistics System, ADAP Treatment Data, Reportable Disease Surveillance System, Cancer Registry*)
 Vermont Department of Public Safety
 Vermont Network Against Domestic Violence and Sexual Assault (*FY2001 Annual Report*)

Data Notes

Income/Education Levels - Low income/educational level is defined as having a high school education or less, and less than \$15,000 annual income (or less than \$20,000 per household). High income/educational level is defined as having a college education or more and over \$35,000 annual income. Middle income/education includes everyone else.

About the Maps - The terms "better" and "worse" are used only in comparison to Healthy Vermonters 2010 goals.

- *Significantly Better* means that the entire confidence interval for the county rate is better than the 2010 goal.
- *At or Near Goal* means that the 2010 goal falls within the confidence interval for the county.
- *Significantly Worse* means that the entire confidence interval for the county rate is worse than the 2010 goal.

Vermont Adult Population by Race, Ethnicity and Age Group (2000)

	18-24		25-34		35-44		45-64		65+	
	women	men	women	men	women	men	women	men	women	men
White	26,275	27,781	36,142	35,054	50,485	48,681	74,205	73,120	44,791	31,709
Black	293	307	137	198	192	298	131	227	51	41
Am. Indian or Alaskan Native	109	120	145	177	346	142	340	378	35	40
Asian	414	457	468	469	421	240	421	263	82	54
Native Hawaiian or Pac. Isl.	0	11	11	17	15	25	20	9	7	5
More than one race	518	459	496	507	624	545	782	619	238	208
Other/Unknown	146	153	121	113	75	53	78	57	17	17
Hispanic or Latino	510	530	369	348	364	272	450	477	166	126

Vermont Adult Population by County, Gender and Age Group (2000)

	18-24		25-34		35-44		45-64		65+	
	women	men	women	men	women	men	women	men	women	men
Addison	2215	2295	2078	1895	2891	2830	4340	4416	2310	1755
Bennington	1530	1316	2021	1883	2991	2819	4906	4603	3581	2586
Caledonia	1148	1457	1633	1636	2330	2204	3775	3738	2524	1748
Chittenden	9875	9356	10610	10595	13124	12627	16380	15711	8284	5496
Essex	214	206	368	360	505	525	789	858	539	442
Franklin	1534	1648	3163	3036	4010	4060	5046	5157	2918	2086
Grand Isle	176	213	398	350	609	627	978	988	461	389
Lamoille	1127	1188	1489	1578	1987	1894	2824	2863	1488	1150
Orange	944	1262	1557	1513	2542	2344	3606	3617	2033	1579
Orleans	899	967	1457	1566	2008	2021	3408	3391	2312	1640
Rutland	2545	2742	3710	3496	5248	5079	8256	8105	5585	3895
Washington	2208	2974	3614	3383	4942	4724	7625	7470	4490	2973
Windham	1499	1661	2595	2381	3900	3553	6056	5986	3572	2601
Windsor	1597	1790	3128	3074	4956	4539	8065	7795	5172	3901
VERMONT	27,511	29,075	37,821	36,746	52,043	49,846	76,054	74,698	45,269	32,241